



Indira Gandhi
National Open University
School of Education

BESE-066
Adolescence and
Family Education

Block

4

CAPACITY BUILDING

UNIT14

**Value-based Interventions in Schools for Adolescent
and Family Health** **5**

UNIT15

**Value-based Interventions in Teacher
Education Institutions** **12**

UNIT16

Health and Hygiene Programmes in Schools **21**

UNIT17

Dealing with Situation of Co-education in Schools **34**

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BESE-066 ADOLESCENCE AND FAMILY EDUCATION

Block 1 Adolescence

- Unit 1 Understanding the Adolescent (Physical, Cognitive and Social Development)
- Unit 2 Behavioural Pattern of Adolescents
- Unit 3 Common Concerns of Adolescents
- Unit 4 Role and Function of Teachers and School for Guiding Adolescents

Block 2 Life Skills Based Education and Objectives

- Unit 5 Basic Concept and Objectives of Life Skills Education
- Unit 6 Sexual Health Education
- Unit 7 Sex, Gender and Sexuality
- Unit 8 Core Life Skills
- Unit 9 Role, Functions and Responsibility of Teachers

Block 3 Family Life Education

- Unit 10 Concept of Family in Indian Context
- Unit 11 Family Life Education - Concept and Importance
- Unit 12 Role of Home, School and Religion
- Unit 13 Building and Sustaining Family Relationships

Block 4 Capacity Building

- Unit 14 Value-based Interventions in Schools for Adolescent and Family Health
 - Unit 15 Value-based Interventions in Teacher Education Institutions
 - Unit 16 Health and Hygiene Programmes in School
 - Unit 17 Dealing with Situations of Co-education in Schools
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BLOCK 4 CAPACITY BUILDING

Introduction to the Block

This block comprises of four units. Unit 14 deals with the **Value-based Interventions in Schools for Adolescent and Family Health**. Adolescents suffer from anxiety and confusion due to lack of authentic information and as a result they tend to indulge in risk taking behaviour. So they need to be provided with knowledge and skills to face the realities of life. This unit discusses value based interventions in schools to promote adolescent and family health as well as it highlights various transactional strategies.

Unit 15 deals with **Value-based Interventions in Teacher Education Institutions**. In the present scenario it is very important to equip teachers with knowledge and skills which are required by them while interacting with adolescents in the classroom. This unit discusses value based interventions in teacher education institutions for promoting adolescent and family health.

Unit 16 discusses **Health and Hygiene Programmes in School**. Adolescents require knowledge as well as training in the matters of health and hygiene. This unit highlights various programmes which should be undertaken in schools to promote adolescent reproductive and sexual health education.

The last unit **Dealing with Situation of Co-education in Schools** emphasises on the current concerns and their causes in co-educational schools. It also outlines strategies which should be undertaken to deal with these problems.

UNIT 14 VALUE-BASED INTERVENTIONS IN SCHOOLS FOR ADOLESCENT AND FAMILY HEALTH

Structure

- 14.1 Introduction
- 14.2 Objectives
- 14.3 Need and Importance of Value-based Educational Interventions in Schools for Adolescent and Family Health
- 14.4 Concepts and Significance of Value-based Interventions in Schools
- 14.5 Nature of Value-based Interventions in Schools for Adolescent and Family Health
- 14.6 Strategies and Suggestions
- 14.7 Let Us Sum Up
- 14.8 Unit-end Exercises
- 14.9 Suggested Readings
- 14.10 Answers to Check Your Progress

14.1 INTRODUCTION

Adolescence is a period of transition between childhood and adulthood, which is characterised by rapid physical, psychological, emotional and behavioural changes and development. It is the stage of appearance of secondary sex characteristics (puberty) to reproductive maturity. The suddenness of the changes and development quite often creates anxieties and causes confusion and unrest among adolescents. Many adolescents neither have access to accurate information through authentic sources nor get opportunity to equip themselves with the needed coping skills, lack of which makes them vulnerable to risky behaviour. Since they need information regarding the changes and developments in them, they most often fall back upon the peer group that itself is ill informed or cheap literature, which provides them wrong information, misconceptions, and myths that adversely affect the process of personality development. At times such conditions provoke irresponsible behaviour. Needs of adolescents, particularly the health needs, Adolescent Reproductive and Sexual Health (ARSH) including scientific information about HIV and AIDS and substance (drug) abuse are not attended to by family and educational institutions. In order to save adolescents from being misguided to take actions without giving any thought to its consequences, like experimenting with smoking, alcohol, tobacco and drugs or indulging in sex for various reasons including peer pressure, it is imperative for schools to provide much needed adolescent and family health education in school. They also need guidance in developing healthy family and gender relationships and friendships. At the same time, they should be helped to develop positive, proper and healthy attitude towards sex.

14.2 OBJECTIVES

The purpose of this unit is to develop deeper understanding of value-based interventions in schools for adolescent and family health.

After studying the unit, you will be able to:

- understand the need for educational interventions in schools to promote adolescent and family health;
- identify value-based interventions for the school in a given context, explain the nature of value-based interventions in schools for adolescent and family health education;
- develop strategies for implementing value-based interventions for adolescent and family health education in schools.

14.3 NEED AND IMPORTANCE OF VALUE-BASED EDUCATIONAL INTERVENTIONS IN SCHOOLS FOR ADOLESCENT AND FAMILY HEALTH

According to 2001 census adolescent population in over 220 million constituting about 22 percent of total Indian population and this number is continuously growing. Many members of this group are handicapped because of nutritional deficiencies and lack of opportunities for getting education in respect of specific health care and services. With enhancing gap between onset of puberty and age at marriage, the incidence or chances of pre-marital sexual activity are increasing day to day. As per recent World Health Organization (WHO) report there is sizeable number of Sexually Transmitted Infections (STIs) and Reproductive Tract Infections (RTIs) in India. Over 35 per cent of all reported AIDS cases in India occur among young people in the age group of 15-24 years and more than 50 percent of the new HIV infections are taking place among them. Drug abuse among adolescents and gender-based discrimination against girls is a cause of concern. Such a situation calls for educational interventions, as our usual school curriculum does not include crucial elements of sexual development during adolescence, reproductive and sexual health, HIV and AIDS and drug abuse.

The following are the main considerations, which highlight the need and importance of educational interventions on priority basis:

- Although biological aspects of reproductive system are included in the syllabi but only information cannot serve as education in these elements. Physiological, emotional and socio-cultural dimensions of the Adolescent Reproductive and Sexual Health (ARSH) need to be focused in a holistic manner.
- Adolescents need to be equipped with life skills so as to enable them to cope with the challenges and pressures of present and ensuing adult life.
- Educational provisions must be introduced in the school which will help influence adolescents' attitude, behaviour, value orientation, besides, developing in them the needed life skills specifically with a view to providing authentic knowledge to students regarding the process of growing up, HIV and AIDS and substance (drug) abuse.

The educational interventions need to be value based as each society has its practices and norms for desirable and acceptable conduct of individual members which eventually have cultural dimensions. Adolescents behaviour particularly in relation to opposite sex is, therefore, a matter of social sensitivity. Adolescent Reproductive and Sexual Health (ARSH) and education concerning HIV and AIDS related contents should conform to socially acceptable ways. In Indian context due regard needs to be given to traditional values of control and sublimation of sexual urges, celibacy, austerity, regular body exercises, marriage fidgety, avoidance of homo-sexual activities besides practicing respect for women (positive gender equality and views), respect for elders, engagement in studies and leading simple life etc.

It is, therefore, necessary to empower adolescents through education so as to enable them to appreciate and manage unwanted and undesirable exposure in proper perspective. This will help check influence of sex related ideas and thoughts available in crude manner through sources like cinema, film magazines, video parlours, internet, commercial advertisements besides, commonly available pomographic material including blue films and sensuous programmes telecasted on domestic and foreign channels. These adolescent individuals will soon have families and such scientific information given judiciously in schools would be contributing towards family health among young generation.

Check Your Progress

Notes : a) Use the space provided for your answer.

b) Compare your answer with those provided at the end of this unit.

1. Highlight the need and importance of educational interventions in schools for adolescent and family health.

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14.4 CONCEPTS AND SIGNIFICANCE OF VALUE-BASED INTERVENTIONS IN SCHOOLS

Studies reveal that adolescents desire to seek authentic knowledge on sexual development that they naturally undergo. In India sex being a taboo, no authentic source is available. Sex and sexuality are considered intimately private matters, which are not to be discussed in public especially with young generation. As such individuals get information in these matters indirectly through sources available in their socio-cultural settings. Also there is a view that if these things are shared with young children they may get encouraged to experiment with generally exciting information which may in turn promote promiscuity and sexual permissiveness. According to some, chances are that school and social environment may get spoiled and young children distracted. The fear expressed is that the sublime instinct of sex might get reduced to mundane routine affair and hence, any information pertaining to sex and sexuality was opposed to be included in school curriculum.

While these age-old societal feelings were there, the traditional value system was strong enough to influence the sex related behaviour of individuals. But in the present times the situation is completely changed owing to new trends in social development relating to urbanization with its ramifications to human life and life styles and migrations to slums in the cities. However, the problems due to ignorance are not confined to urban areas. Problems of sexual misinformation, titilating tales, sexual abuse, use of drugs etc. exist in villages also. The net result is increase in sex crimes in our society. There is need to reinforce those social and cultural values that militate against irresponsible sexual behaviour. The impact of traditional value system has however, been waning to the extent that is ignored as being orthodox in nature. There have been apprehensions expressed about school interventions as well. As there is no alternative to school intervention, these need to be made value based and practiced judiciously if the society is to be saved from the menace of sex related aberrations and the unprecedented increase in HIV and AIDS cases and their handling.

14.5 NATURE OF VALUE-BASED INTERVENTIONS IN SCHOOLS

Adolescents confront a variety of problems on account of lack of authentic knowledge and the needed skills in respect of their reproductive and sexual health concerns. The school interventions therefore, have to focus on providing them with authentic knowledge of their critical concerns, inculcate in them rational attitude and equip them with the needed skills so as to enable them to practice responsible behaviour while attending to such issues. The intervention would be in terms of life skills, which will provide them with opportunities to gain self-confidence, deeper insights into relationships both in family and outside, awareness about health hazards particularly in the context of reproductive and sexual health issues and threats of AIDS pandemic and risks of substance (drug) abuse and the socio-cultural ethos of the society. The main purpose of school-based interventions would be on development of the following competencies:

- Attaining physical, mental and social well-being in respect of reproductive and sexual health.
- Developing positive attitude towards sex and sexuality.
- Building healthy inter personal and social relationships.
- Opting for efficacious life-style choices.
- Empowering them to take positive actions based on critical thinking and analysis.
- Protecting themselves from risky situations.
- Developing rational thinking and a positive attitude towards HIV and AIDS affected persons.
- Resolving dilemma between family and social values and peer pressures.
- Enhancing their coping resources.

The aforesaid competencies give rise to three kinds of skills among students.

- (a) Thinking skills : Critical analysis of issues; self and social awareness; Problem-solving and decision making, using creativity.
- (b) Communication skills : Building positive relationships based on clear understanding of self and others; taking and appreciating others point of view; Taking responsibility, firm but polite expression.
- (c) Negotiation skills : Being considerate to others; Being assertive rather than aggressive; resolving internal and external conflicts with ease; withstanding peer pressure; coping with emotions and stress; saying 'No' to harmful behaviour.

For school interventions to be value based, it would be necessary to create a congenial atmosphere in the school. The teacher's role would be of paramount importance. Teacher's empathy, non-imposition and proper communication and proper attitudes will be of great help towards achieving the goal. The facts related to Adolescent Reproductive and Sexual Health (ARSH) be dealt with scientifically without undermining the family and social value system. The logical interpretations could be chosen to bring ideas home.

14.6 STRATEGIES AND SUGGESTIONS

Strategies

The adolescent and family health education constitutes a relatively new area, which is complex by its very nature. Its implementation would certainly require carefully designed transactional strategies. The strategy could focus on the context, content, activity and process.

Context : The interventions will have to be designed and operationalised differently for different contexts like human anatomy, reproduction etc, in the areas of biology, psychology, sociology and the like. The scientific basis however, would remain intact.

Content : The design of school interventions will focus on specific life skills. Since most of the contents of adolescent and family health education could be very sensitive, the school interventions need to be well conceived so as to do justice with the elements of the content as well as the elements of concerned life skills e.g. content to promote decision making based on participatory approach and transparency and laying emphasis on emotional maturity and frankness and developing skill in saying 'No' to unacceptable things.

Activity : For school interventions to be effective it is very important to identify both curricular and co-curricular activities having skill application ability. Proper selection out of the gamut of activities, such as dramatisation, role-play, story telling, film show etc., would be necessary. The activities may focus on practice in making well informed choices, exercising personal choices without fear, favour or pressure and the like.

Process : Activities may serve various objectives but to achieve a particular objective the process may vary to make the whole thing focused and

directional. So the process of organising an activity be given serious thought. It should encourage common sense and correct judgment and inculcate a sense of responsibility for the welfare of the others particularly the HIV affected ones. Sense of compassion be encouraged during such processes.

Suggestions In order to make value based school interventions for adolescent and family health education some suggestions are offered as under:

- i) School life must be based on mutual trust, dignity of individual, openness in sharing of thoughts and transparency.
- ii) A culture of peace, brotherhood and tolerance must be promoted.
- iii) Respect for life and views of others be given due importance.
- iv) Sacredness of sex be maintained. Normal attitude to sex be developed.
- v) Individual and social responsibilities be felt and expressed towards HIV and AIDS patients and HIV infected persons.
- vi) Positive attitude for the other sex be developed. Stereotype views of different life functions of male and female be removed. However, sense of gender equality be maintained.

Check Your Progress

Notes : a) Use the space provided for your answer.

b) Compare your answer with those provided at the end of this unit.

2. Delineate strategy for implementing value-based interventions in schools for adolescent and family health.

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14.7 LET US SUM UP

In this unit we have tried to appreciate need for value based school interventions for adolescent and family health. The consequences of modernization, urbanisation coupled with waning traditional family value system and access of exposure to media and films have necessitated the school interventions, as risk for Adolescent Reproductive and Sexual Health (ARSH), HIV/AIDS and substance (drug) abuse have enormously increased. The life skills need to be developed among adolescents. Emphasis has to be on thinking skills, communication skills and negotiation skills.

The strategy for value based school interventions may be based on context, contents, activity and process. Main focus has to be on free and frank sharing within parameters of family and social value system without compromising on scientific presentation of facts with clarity and exactness. This should help develop a sense of responsibility among adolescents besides, ability to take firm decisions without fear or pressure and to communicate in a non-offending manner. Skill of saying 'No' for unacceptable situations need to be mastered. Ultimate goal is to save him/her self of being victim

of lack of right information and undesirable social pressure. It will help develop individual personalities to be an asset to national development.

14.8 UNIT-END EXERCISE

1. Suggest some activities which can be carried out in the classroom under value based interventions for adolescent and family health.

14.9 SUGGESTED READINGS

Bancroft, J, Rainisch, J.M. (eds.), (1990): *Adolescence and Puberty*, The Kimsey Institute Series, Oxford University Press: Oxford, New York, pp. 254-268.

Government of India (2002): *National AIDS Prevention and Control Policy*, NACO: MOHFW.

Government of India (2003): *National Youth Policy*, Ministry of Youth and Sports.

Kirby, D., Diclemente. R.J. (1944): "School based interventions to protect unprotected sex and HIV among adolescents", In R.J. Diclemente & J.L. Peterson, *Preventing AIDS: Theories and Methods of Behavioural Interventions*. Plea Rum Press: New York, pp. 7-139.

Pandey, Yadav & Jain, (2003): *Skill Development in Adolescence Education: A Training Material* (Mimeograph), New Delhi.

World Health Organization (1997): *Life Skills in Education in Schools*, WHO: Geneva.

14.10 ANSWERS TO CHECK YOUR PROGRESS

1. Adolescents require authentic information regarding their physical and reproductive development. Secondly, they are exposed to media like internet, television, cinema, film magazines etc., which influence their thought processes. Thirdly, it is important to inculcate traditional Indian values of control and sublimation of sexual urges, celibacy, austerity, regular body exercises etc. Therefore, it is necessary to empower adolescents through education so as to enable them to appreciate and manage unwanted and undesirable exposures in proper perspective.
2. The strategy for value-based interventions could focus on the context, content, activity and process.

Context - The interventions will have to be designed and operationalized differently for different contexts.

Content - The design of school interventions will focus on specific life skills like thinking skill, communication skill, decision making skill, assertive skill etc.

Activity - This will include both curricular and co-curricular activities having skill application ability.

Process - Process of organization of the activity to achieve a particular objective should be focused and directional.

UNIT 15 VALUE-BASED INTERVENTIONS IN TEACHER EDUCATION INSTITUTIONS

Structure

- 15.1 Introduction
- 15.2 Objectives
- 15.3 Need and Importance of Training Teachers in Adolescent and Family Health
- 15.4 Concept and Significance of Value-based Interventions in Teacher Education Institutions for Adolescent and Family Health
- 15.5 Nature of Value-based Interventions in Teacher Education Institutions for Promoting Adolescent and Family Health
- 15.6 Strategies and Suggestions
- 15.7 Let Us Sum Up
- 15.8 Unit-end Exercises
- 15.9 Suggested Readings
- 15.10 Answers to Check Your Progress

15.1 INTRODUCTION

There has been a long pressing demand to introduce sex education in school curriculum in view of the increasing threat of AIDS pandemic making large number of adolescents HIV positive and growing use of tobacco, smoking and alcohol, and other substance (drug) abuse. The concept could not be fully acceptable in Indian context. While evolving national consensus on the issue, a need to replace the term sex education, by a more comprehensive concept, which could include crucial concerns of adolescence, was felt. In a National Seminar on Adolescence (1993) organized by the National Council of Educational Research and Training (NCERT), the consensus emerged in favour of the term '**Adolescence Education**'. The concept of adolescent education includes educational interventions about adolescence with focus on Adolescent Reproductive and Sexual Health (ARSH) including HIV-AIDS and substance (drug) abuse. The emphasis has been on awareness, attitude and behaviour related objectives to empower young generation through life skill development so as to enable them to meet the challenges before them.

The present scenario in the country suggests that owing to significant socio-economic developments, social mobility has increased tremendously. It has curbed the instances of child marriage to minimum, age at marriage has got increased and onset of puberty has advanced may be due to better health and nutritional care. As such, enhanced gap between childhood and adulthood has caused enlarged adolescence. It has increased the possibilities of pre-marital sexual activity among adolescents. One incidental result is hike in the cases of Sexually Transmitted Infections (STIs) and Reproductive Tract Infections (RTIs). A recent World Health Organization Report

mentions that over 35 percent of all reported cases in India occur among people in the age group of 15-24 years and new HIV infections taking place occur in more than fifty percent in this group. The growing tendency of smoking, use of tobacco and other substance (drug) abuse has further complicated the situation in terms of gender based discrimination, teenage pregnancy, unsafe motherhood and sex abuse.

The adolescents need authentic information and knowledge about Adolescence Reproductive and Sexual Health (ARSH) to understand the process of growth. As sex has been taboo in India, no authentic source is available to them and they fall prey to myths and misconceptions by gathering information from peers who themselves are ill informed or the cheap literature besides exposure to uncontrolled media, films and internet.

Earlier the traditional family value system used to be strong enough to regulate human behaviour. It has been waning as the joint family system has given place to nuclear ones. Now school system is the only hope which can share responsibility of providing authentic information, guidance and support through life skills development. This task cannot be accomplished by teachers, not oriented towards the issues and concerns of adolescence. Need for strong teacher education component in enhancing capacities of teachers to tackle this challenge is of a high order at present. Further, they have to be equipped in providing value-based interventions about adolescence and family health. Thus, the desired teacher education interventions themselves have to be value based.

15.2 OBJECTIVES

The purpose of this unit is to develop deeper understanding of value-based interventions in teacher education institutions about adolescent and family health. After studying the unit, you will be able to:

- understand the need and importance of training teachers in adolescent and family health;
- identify value-based interventions for teacher education institutions in a given context;
- explain the nature of value-based interventions in teacher education institutions for promoting adolescent and family health education;
- develop strategies for implementing value-based interventions for adolescent and family health education in teacher education institutions.

15.3 NEED AND IMPORTANCE OF TRAINING TEACHERS IN ADOLESCENT AND FAMILY HEALTH

As per National AIDS Control Organisation report 2005, there are 111,608 AIDS cases, of whom 32,567 are women. 37 per cent of reported cases were diagnosed to be under 30 years of age. Many AIDS cases go unreported too. World Health Organisation (WHO) report 2006 provides an estimate of 5.7 million HIV affected cases in India and that approximately 1 million children are likely to be affected by AIDS. The southern states of Andhra Pradesh, Karnataka, Goa and Manipur have

higher prevalence of AIDS. Since HIV is associated with social stigma, the children are the main sufferers whether they or their parents are affected. Many such children find it difficult to study in regular schools. Problem of children orphaned due to HIV and AIDS poses yet another challenge. United Nations Population Division has projected adult HIV prevalence at peak of 1.9 per cent in 2019 in India. Over 35 percent of all reported AIDS cases in India fall in the age group of 15-24 years. Prolonged gap between onset of puberty and age at marriage enhances the chances of pre-marital sexual activity. Hence, this group becomes vulnerable and requires proper understanding, support and guidance to deal with matters pertaining to sex and sexuality. It necessitates curricular interventions about sexual development during adolescence, reproductive and sexual health, HIV/AIDS and drug abuse. While this subject would be dealt with by all teachers, as no special teachers will be made available, it becomes important to empower teachers through pre-service and in-service teacher training so that proper justice is done with the subject and societal aberrations are checked.

The following are the main considerations, which highlight the need and importance of training teachers in adolescent and family health:

- Teachers need to provide biological information about reproductive system focusing on physiological, psychological and socio-cultural dimensions of Adolescent Reproductive and Sexual Health (ARSH) in a holistic manner. The training component has to be effective in inculcating relevant competencies among all teachers.
- Teacher training should develop competence among teachers to help students cope up with changes and pressures during adolescence using appropriate life skills.
- Teacher training elements should be such that the teachers are equipped to impart authentic knowledge to students regarding the process of growing up, HIV/AIDS and substance (drug) abuse that might lead to behavioural and attitudinal changes with proper value orientation among students besides, developing needed life skills in them.

Thus, only properly oriented teachers would be able to deal with such sensitive matters with efficacy and precision. The adolescents would soon grow into family householders and derive benefit out of the understandings developed through teaching by such teachers. Consequently, family health would get positively influenced.

15.4 CONCEPT AND SIGNIFICANCE OF VALUE-BASED INTERVENTIONS IN TEACHER EDUCATION INSTITUTIONS FOR ADOLESCENT AND FAMILY HEALTH

Teacher preparation with regard to adolescent and family health constitutes a special input in the teacher education programmes as it aims at equipping teachers with knowledge and skills pertinent to the very sensitive content at the school stage. Teachers have to emerge as effective communicators in providing authentic information and values about sex and sexuality, hitherto, considered as intimately private matters. Also teachers have to have capability of dealing with the influence of cheap literature,

magazines, pornographic material and blue films, adult films cinema, media and internet exposure and the like.

Value-based Interventions in Teacher Education Institutions

As the major goal of education in adolescent and family health is to develop right kind of attitude and behaviour among young generation, so as to enable them to manage their sexual development and family responsibly, teachers need to have proper sensitivities coupled with strategies in this regard. The matter is very closely associated with value systems obtaining in the society, which is not uniform throughout. The value of such interventions would, therefore, be judged contextually. No teacher education intervention would survive which is not value based. It must be remembered that the traditional value system, which used to guide sexual behaviour has got almost extinct owing to faster social development, urbanisation and changing life styles. In Indian society, values of sexual abstinence, sublimation, chastity, celibacy, along with simple living, respect for elders, friendship, fidelity of thought and such other life values are still advocated and are quite prevalent. Teacher education has to adopt a scientific basis to current value orientation dovetailing certain elements of traditional value systems. The skill would therefore, focus on training of teachers to guide learners' behaviour in such a manner that they deal with the following effectively:

- a) Personal social development and habits during adolescence particularly their reproductive and sexual health.
- b) Risks of HIV/AIDs and other sexually transmitted infections.
- c) Sex abuse and exploitation.
- d) Peer pressures.
- e) Life skills and coping mechanisms.

Proper training inputs would affect teacher behaviour on the one-hand and school practices on the other. Value based interventions in teacher training institutions with regard to adolescent and family health would go a long way in checking the menace of HIV and AIDS, drug abuse and sex crimes in the society.

Check Your Progress

Notes : a) Use the space provided for your answer.

b) Compare your answer with those provided at the end of this unit.

1. Discuss the need and significance of educational interventions in teacher education programmes.

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15.5 NATURE OF VALUE-BASED INTERVENTIONS IN TEACHER EDUCATION INSTITUTIONS FOR PROMOTING ADOLESCENT AND FAMILY HEALTH

Teacher education institutions have done very little towards realising this objective of skill development among adolescents about adolescent and family health. The transactional strategies would need to be relevant to various cultural settings comprehensively. Since these pertain to life skill development among adolescents they need to have ability to apply the concerned skills in the specific context as well. Its implication for teacher training would obviously require the following set of competencies among teachers:

- Effective rapport building, active listening, attending, speaking and questioning.
- Appreciation about the need for life skill development in respect of reproductive and sexual health among student.
- Respect for the diversity of the background of the learner's values and beliefs.
- Non judgemental about ideas and perceptions of students
- Objectivity in keeping away personal values.
- Compassion for and care of needy students.
- Encouragement to free expression.
- Avoidance of prescriptions.
- Appreciation of other person's situations and seeing things for value and belief systems of others
- Appreciation of the working of adolescent world

The aforesaid competencies will give rise to the following three kinds of skills among teachers.

- (a) Communication skills :
 - i) Listening well attentively, patiently and with focus on the speaker without interruption or adding own experience.
 - ii) Responding to the speaker with interest and making him/her comfortable by avoiding criticism.
 - iii) Expressing feeling in appropriate voice without domination.
 - iv) Questioning to show interest and encouragement.
- (b) Non-judgment skills :
 - i) Appreciating need for skill development among adolescents.

- ii) Keeping away personal values.
- iii) Respecting diversity of background of the learners, their values and beliefs.
- iv) Not being prescriptive of judgment to anyone.
- v) Not treating learners as problems but offering compassion and care.
- vi) Avoiding comments on things unchangeable.

(c) Empathic skills : i) Understanding how the other person feels in a situation and appreciating his/her points of view.

In order to have value-based interventions in teacher training institutions with regard to adolescent and family health it would be necessary to make teacher training more participatory, life skill oriented and purposive. The skills to be developed among teachers will require great deal of understanding and practice to be provided in teacher training programmes. It would eventually call for serious orientation of teacher educators, besides, enhanced commitment for social goodness. The whole process to teacher training will have to be made participatory, experiential and skill based as mere lecturing would be of no consequence. Separate time allocation would become necessary.

15.6 STRATEGIES AND SUGGESTIONS

While developing strategies it should be borne in mind that there are in built resistance to these elements and life skills approach to deal with such matters has come from outside the education system. Formal introduction of coping skills for adolescents will have to face the age old ideas, inhibitions and apprehensions in the adult world and hence would require persistent efforts aimed at creating enabling environment in schools and teacher education institutions. The following strategies may be adopted to facilitate institutions of this curricular area in teacher education institutions.

Awareness building

With a view to creating favourable environment, various awareness building activities need to be organised which may include interactions with policy framers, curriculum developers, teacher educators, teachers, parents and media persons, young men and women. Some research studies may be conducted and findings disseminated.

Integration in teacher education curriculum

The teacher education curriculum at all levels should include these concerns and suitable materials should be developed addressed to both teacher educators and teacher trainees. Systematic efforts should be made to orient all teacher educators and their capacities be built up. Distinct time slot be allocated for theory and practical skill development parts during teacher training. Co-curricular activities may be designed and practiced. Efforts should be made for value clarification through role-play, group discussion, case studies, painting/poster/essay competitions etc. The developmental aspects may be suitably incorporated in educational psychology where in pre adolescent and adolescent phases are dealt with. Certain aspects may find place in

dealing with mental health, personality disorders and adjustment. Content cum pedagogy related aspects may be interwoven in content cum methodology (teaching of various school subjects) papers in all subjects. Certain course work, assignment may also be given. Also under practical work under working with the community, some projects may be assigned to student teachers.

Training methods

Traditional methods may be replaced, supplemented by interactive, participatory and responsive methods where raising questions should get precedence over ready-made answers. Use of print materials may be supplemented by audio-video materials and training in conducting counselling session be given due emphasis. Teacher educators will have to take lead in demonstrating value based interventions for adolescent reproductive and sexual health and HIV-AIDS. Certain documentary films may be shown to sensitive student teachers. The style of presentation, vocabulary interaction sessions may be suitably demonstrated. The projects may be guided by teacher educators with their involvement

Life skill approach

In order to provide training in skill application ability the following points need to be stressed:

Content in context

Competence in relating content with context along with proper reasoning and justification associated with objectives of life skill under reference would require focus. Certain life skills pertaining to decision making, self protection from abuse and socially approved behaviour patterns may be got practised.

Activity based processes

The transactional process may be based on activities to achieve objectives of attaining knowledge, understanding and attitudinal changes. The proper selection and execution of activities would require serious training inputs. Individual and group activities may be organized within training institutions and in society as a prescribed course requirements.

Suggestions

In order to make value-based interventions in teacher education institutions with regard to adolescent and family health some suggestions are offered as under:

- a) Sensitivity towards HIV and AIDS patients and children be inculcated and individual and social responsibilities be realised by teachers.
- b) Teachers must avoid to be prescriptive and judgmental.
- c) Comment on things, that cannot be changed, be avoided.
- d) Communication should be based on others needs, interests, background and belief systems. Others be given opportunity for free expression.
- e) In no case personal values be thrust upon.

- f) A culture of peace, brotherhood and tolerance be promoted.
- g) Teachers, themselves having families, would benefit in their own life and by example, educate the students.

15.7 LET US SUM UP

In this unit you have learn about need and importance of training in adolescent and family health to teachers. The discussion included the concept and significance of value based interventions in teacher education institutions. The nature of value based teacher education interventions and the strategies to conduct teacher training in the very sensitive areas of adolescent and family health were also highlighted. Need for sensitisation of teacher educators, making training component in adolescent and family health as an integral part of it besides, following life skill approach with effective implementation techniques were considered appropriate. It was stressed that participatory and other innovative training methodologies were to be given preference. No judgmental communication coupled with empathic treatment were to be given due practice during training. The conceptuality of content was to be ensured in activity based processes.

15.8 UNIT-END EXERCISE

1. Evolve and explain a strategy for implementing value based interventions in teacher education institutions in adolescent and family health.

15.9 SUGGESTED READINGS

Bancroft, J. Reinisch, J.M., (1990) (eds.): *Adolescence and Puberty*. The Kinsey Institute Series, Oxford University Press, Oxford, New York, pp, 254-268.

Government of India (1986): *National Policy on Education*, Department of Education, MHRD: New Delhi.

Government of India (2002): *National AIDS Prevention and Control Policy*, NACO: MOHFW.

Kirby, D. & Diclemente, R.J., "School Based Interventions to Prevent Unprotected Sex and HIV among Adolescents". In R.J. Diclemente & J.L. Peterson, *Preventing AIDS: Theories and Methods of Behavioural Interventions*, Plenum Press: New York, 1994, pp. 7-30.

Muley, Pandey, Yadav & Sadhu, (1994): *Adolescence Education : Report on the National Seminar*, NCERT: New Delhi.

UNFPA (2002): *Adolescents in India : A Profile*, New Delhi.

World Health Organization (1997): *Coming of Age : From Facts to Action for Adolescent Sexual and Reproductive Health*, WHO: Geneva.

World Health Organization (1997): *Life Skills Education in Schools*, WHO: Geneva.

15.10 ANSWERS TO CHECK YOUR PROGRESS

1. Value-based interventions are needed to be incorporated in teacher training programmes so that they can guide the adolescents effectively in the following areas:
 - a) Personal social development and habits during adolescence particularly their reproductive and sexual health.
 - b) Risks of HIV-AIDS and STI's
 - c) Sex abuse and exploitation.
 - d) Peer pressures.
 - e) Life skills and coping mechanisms.

UNIT 16 HEALTH AND HYGIENE

PROGRAMMES IN SCHOOLS

Structure

- 16.1 Introduction
- 16.2 Objectives
- 16.3 Need for Health and Hygiene Programmes in Schools
- 16.4 Goals and Scope for Work
- 16.5 Proceedings of Health and Hygiene Programmes in Schools
 - 16.5.1 Global School Health Initiative
 - 16.5.2 National Agencies Working at School Level
- 16.6 Methodologies for Implementing Health and Hygiene Programmes in Schools
- 16.7 Integrating Family Life Reproductive Health and Population Education into Various Components of a Health Promoting School
- 16.8 Monitoring and Evaluation of the Implementing Process
- 16.9 Let Us Sum Up
- 16.10 Unit-end Exercises
- 16.11 Suggested Readings
- 16.12 Answers to Check Your Progress

16.1 INTRODUCTION

In recent years health education is no longer confined to an elementary study of hygiene. It is concerned with the emotional, social as well as physical factors that influence health in its widest meaning. Health and hygiene programmes in schools should aim at direct efforts to equip the child with the necessary knowledge about health that will develop in him proper attitude and habits of good health. As mere knowledge of health principles does not necessarily lead to healthy practices, it should be taught in a practical way. Health education through health instructions, health services and health supervision can make a substantial contribution to the health of our school children. Generally, all schools make some efforts to improve health. However effective implementation of health strategies and methods should be the prime areas for the school.

In the present unit the focus will be on these strategies as well as present scenario of health and hygienes programmes in the national and global context.

16.2 OBJECTIVES

After going through this unit, you will be able to:

- identify the need for health and hygiene programmes in schools;
- discuss the scope for work actions and methodologies;

- describe the assessment of the action plans and proceedings of school health programmes conducted by the National and International agencies;
- enlist and explain the strategies of the implementing process;
- discuss the monitoring and evaluation of the expected developmental changes after the implementation of action plans in the schools.

16.3 NEED FOR HEALTH AND HYGIENE PROGRAMMES IN SCHOOLS

The health and hygiene Programmes in a school aim to give pupils the tools with which their potential energies and social, physical, mental and emotional effectiveness can be fully realised. The need for health and hygiene programmes in schools can be synthesized in the following broad areas-

1. **Practice of health and hygiene rules** - Hygiene is the science of health, which aims at the prevention of disease and the promotion and preservation of health. Its application raises the standards of health of the pupils.
2. **Promotion of health** - The school should develop among students necessary attitude towards health. An understanding of each child's health needs is basic to school learning. The health educator should acquaint the pupils with the function of the body and the rules of health and hygiene. This should be brought to their notice as to how bad habits, un-hygienic ways of living and addiction to drugs result in evil consequences.
3. **Protection of health** - As school is an important agency of the society, founded to fulfil the needs and objectives of the State, for the welfare of the people and to keep pace with changes from time to time and adjust its programmes accordingly. The school should create awareness among the pupils to protect their health from diseases by the health rules, to enjoy positive good health and to protect from diseases. It should be clearly understood that good health is not only absence of diseases, it is a positive concept linked with quality of life.
4. **Prevention of diseases** - For the protection of the health, the authorities should create a neat and clean atmosphere with proper hygiene facility inside and surrounding the school building. Provision of proper light and air ventilation must be there. A periodical medical examination of students' health must be done in schools. The students must be taught the mode of transmission of diseases and they should also develop consciousness to fight and prevent communicable diseases. Adequate provision of regular physical education, exercise, games, sports, gymnastics etc, should be a normal part of infrastructure and facilities in school.
5. **Participation in health drives** - The aim of school health education is to disseminate some useful information regarding health through different media. Schools should adopt the policy guidelines of national and international agencies specially organised for propagating health drives and to encourage the students to accept their role in community and national health.

Thus the basic vision of school health programmes is to underpin all the aspects related to the health and hygiene, which by definition, incorporates mental, social and physical dimensions, a condition necessary for a good life.

Check Your Progress

Notes : a) Use the space provided for you answer.

b) Compare your answer with those provided at the end of the unit.

1. List the main functions of school health education programmes.

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16.4 GOALS AND SCOPE FOR WORK

The number of young people in the world today is the largest ever: 1.7 billion people are between ages 10 and 24 years (UN, 1998), most of them living in Asia, Africa, or Latin America, and the majority of them attending schools. The reproductive health behaviour as a part of life style of young people has both immediate and long-term consequences. In some countries, the age at first sexual intercourse is decreasing. Most societies share a vision for their children: they will delay initiation of sexual activity until they are physically, socially and emotionally mature and in the meantime complete their education, reach adulthood, and enter the world of adult life, with family, children and livelihood occupation.

School Health Programme should include actions to provide improved health education and related services. Schools should have health goals that relate to local health needs and emergency priorities. Thus schools world-wide should consider the following goals and objectives:

1. Provide knowledge and understanding of the meaning of health and healthy life and actions that may promote them.
2. Provide access to education and opportunities to reach students, staff, parents and community members with intermission and services about family life, reproductive health, and population education.
3. Enhance gender equality by being responsive to the needs of young men and women in addressing reproductive health.
4. Involve young people in promoting healthy lifestyles by engaging them in planning extorts, peer education and a variety of other learning experiences addressing family life, reproductive health and population issues.
5. Take part in national and community initiatives to promote healthy sexual development and prevent HIV, STIs and other negative consequences of sexual activity.
6. Promote good hygiene and adequate sanitary facilities.
7. Have a code of conduct for staff and have a responsible adult designated to whom student can turn in confidentiality to report any suspicious or inappropriate behaviour or abuse, who can alert law enforcement officials and who can refer students to appropriate counselling and health care services, as required.

1. **Health-related school policies** - Health policies in schools, including skills-based health education and the provision of some health services, can help and promote the overall health, hygiene and nutrition of children. Good health policies should go beyond this to ensure a safe and secure physical environment and a positive psychosocial environment, and should address issues such as abuse of students, sexual harassment, school violence and bullying. By continuing to guarantee the further education of pregnant schoolgirls and young mothers, school health policies will promote inclusion and equity in the school environment. Policies that help to prevent and reduce harassment by other students and even by teachers also help to fight against reasons that girls withdraw or are withdrawn from schools. Policies regarding the health-related practices of teachers and students can reinforce health education. Teachers can act as positive role models for their students, for example, by regular exercise, participation in games and sports and not smoking in school. The process of developing and acting upon policies draws attention to these issues.
2. **Provision of safe water and sanitation** - It is essential first step towards a healthy physical learning environment in school. The school environment may damage the health and nutritional status of schoolchildren, particularly, if it increases their exposure to hazards such as infectious diseases carried by the water supply. Hygiene education is meaningless without clean water and adequate sanitation facilities. It is a realistic goal in most countries to ensure that all schools have access to clean water and sanitation-clean toilets. By providing these facilities, schools can reinforce the health and hygiene messages and act as an example to both students and the wider community.

This in turn can lead to a demand for similar facilities from the community. Sound construction policies will ensure that facilities address issues such as gender access and privacy, separate facilities for girls, particularly adolescent girls. These are important contributing factors to reducing dropouts at menstruation and even before. School maintenance policies will help ensure the continuing safe use of these facilities

3. **Skills-based health education** - This approach to health, hygiene and nutrition education focuses upon the development of knowledge, attitudes, values, and life skills needed to make and act on the most appropriate and positive health-related decisions. Health in this context extends beyond physical health to include psychosocial and environmental health issues. Changes in social and behavioural factors have given greater prominence to health-related issues such as HIV/AIDS, early pregnancy, injuries, violence and tobacco use. Unhealthy social and behavioural factors not only influence life-styles, health and nutrition, but also hinder educational opportunities for a growing number of school-age children and adolescents. The development of attitudes related to gender equity and mutual respect between girls and boys, and the development of specific skills; such as dealing with peer pressure, are central to effective skills based health education and positive psycho-social environment. When individuals have such skills they are more likely to adopt and sustain a healthy life-style during schooling and for the rest of their lives.
4. **School-based health and nutrition services** - Schools can effectively deliver some health and nutritional services provided that the services are simple, safe and familiar, and address problems that are prevalent and recognized as important within the community. If these criteria are met then the community sees the teacher and school more positively and teachers perceive themselves as playing important roles.

For example, micronutrient deficiencies and worm infections may be effectively dealt with by frequent (six-month or annual) oral treatment. Changing the timing of meals, or providing snacks to address short-term hunger during school can contribute to school performance.

5. **Effective partnerships between teachers and health workers and between the education and health sectors** - The success of school health programmes demands an effective partnership between Ministries of Education and Health, and between teachers and health workers. The health sector retains the responsibility for the health of children and the education sector is responsible for implementing and often funding the school based programmes. These sectors need to identify responsibilities and present a coordinated action to improve health and learning outcomes from children.
6. **Effective community partnerships** - Promoting a positive interaction between the school and the community is fundamental to the success and sustainability of any school improvement process. Community partnerships engender a sense of collaboration, commitment and communal ownership. Such partnerships also build public awareness and strengthen demand. Within the school health component of such improvement processes, parental support and cooperation allows education about health to be shared and reinforced at home. The involvement of the broader community (the private sector, community organizations and women's groups) can enhance and reinforce school health promotion and resources. These partnerships, which should work together to make schools more child-friendly can jointly identify health issues that need to be addressed through the school and then help design and manage activities to address such issues.
7. **Pupil awareness and participation** - Children must be important participants, and not simply the beneficiaries in all aspects of school health programmes. Children will learn about health better by participating in health policy development and implementation efforts to create a safer and more sanitary environment and health promotion aimed at their parents, other children, and community members and school health services. This is an effective way to help young people to acquire the knowledge, attitudes, values and skills needed to adopt healthy lifestyles and to support Health and Education for All.
8. **Mental health promotion counselling and social support** - Counsellors and other health care providers can help adolescents improve their self-esteem, make informed decisions, and feel more confident and in control of their own lives. Counsellors can also help young people understand the other gender's expectations regarding sexuality outcomes (FAO/WHO/ILO/UNESCO, 1998). Schools can serve as a credible venue for counselling services related to family life, reproductive health and population issues. In hiring counsellors to work with young people, schools should engage only such professional and specialists who are empathetic, knowledgeable, trustworthy, clear about their own values regarding sexuality, interested in and friendly towards adolescents and are able to address broader issues of physical and emotional development of adolescents, including relationships, family conflict and drugs. They should ensure privacy and confidentiality.
9. **Physical exercise, games and sports, recreation, and extra-curricular activities** - Physical exercise, recreation, indoor and outdoor games and sports,

athletics, drill, gymnastics, etc, help individual acquire and maintain physical fitness and serve as a healthy means of self-expression and social development. School should provide time and facilities for engaging in them as part of regular time-table and activities. Physical education should be a regular activity in school in which all students should participate. Recreation activities can restore strength and relax spirits after school and work. Physical education and recreation activities can provide opportunities for building self-confidence and strengthening friendships between boys and girls in ordinary, general non-pressured group situations (WHO, 1996). Often, students learn about sexual and reproductive health from the physical education teacher. Thus, such educator should be well trained in dealing with issues of puberty and sexual developments.

10. **Nutrition and food programme** - Health-promoting Schools can implement nutrition intervention in various ways to promote healthy development of students and staff. The students may be guided about avoiding junk food and enjoying nutritive items in their regular meals.

Micronutrient supplementation - Distributing micronutrients to children who have nutritional deficiencies can contribute in the long term to reproductive health, especially in girls. For example, promotion of medical (e.g. daily ferrous sulphate tablets) and food-based (e.g. consumption of meat, legumes, or green leafy vegetables) solutions can treat iron deficiency (where it has been identified as a problem) and thus prepare young girls for less dangerous childbirth.

School feeding - Providing free nutritious meals at school for children of low-income families is of great importance to relieve short-term hunger and to ensure sufficient nourishment for physical development especially during the adolescent growth spurt. School feeding programmes can also be an incentive for parents to send children to school where they may consequently have the opportunity to learn about health, including family life and reproductive health.

School meals - The composition of school meals and their nutritive value plays an important role in fostering educational achievement and health, both of which have an important influence on health and reproductive behaviour. Also, if students become accustomed to healthy food choices, they may develop and share habits of healthy eating with other members in their family.

Nutrition education - Importance of balanced meals for their future families and nutritional needs during pregnancy and for new-born babies (e.g. the importance of breast milk) can be taught by food service staff as part of skills-based health education or in specially arranged sessions.

11. **Health promotion for school staff** - A health-promoting school aims to promote healthy lifestyles for all who study and work in the school, including teachers, administrators, and other school staff, some of whom might be in their late adolescent years themselves and have sexual health needs or be affected by HIV/AIDS or other sexually transmitted illnesses. Strategies to promote family life, reproductive health, and population education should be an integral part of health education. For training teachers, school personnel, peer educators, and others to address family life, reproductive health, and propagation education should be part of the functions of a health-promoting school.

Check Your Progress

Notes : a) Use the space provided for your answer.

b) Compare your answer with those provided at the end of this unit.

2. Discuss the important programmes that can be carried out in schools for promotion of Health and Hygiene .

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16.5 PROCEEDINGS OF HEALTH AND HYGIENE PROGRAMMES IN SCHOOLS

16.5.1 Global School Health Initiative

The World Health Organisation (WHO) promotes the concept of a health promoting school, implementing policies and practices that respect an individuals's well being and dignity. These schools strive to provide healthy environment, opportunity for physical education and recreation, health programmes for staff, social support and counselling and mental health promotion. UNICEF has developed a framework of right-based, child-friendly educational system, which defines a child-friendly school that ensures every child in environment that is physically safe, emotionally secure and psychologically enabling.

Some of the steps from international agencies in health and hygiene programmes in schools are as under:

Global School-based Student Health Survey (GSHS)

The Global School Based Student Health Survey is a collaborative surveillance project designed to help countries measure and assess the behavioural risk factors and protective factors in the key areas among young people aged 13 to 15. The GSHS is a relatively low-cost school-based survey which uses a self-administered questionnaire to obtain data on young people's health behaviour and protective factors related to the leading causes of morbidity and mortality among children and adults worldwide. The survey is repeated over time to allow countries to monitor trends in health behaviour among young people and to plan, develop and implement appropriate policy and programme responses to address their critical health needs.

Rapid Assessment and Action Planning Process (RAAPP)

The Rapid Assessment and Action Planning Process (RAAPP) is a country-driven and evidence-based method. It equips ministries of education and health and other national organizations to assess and improve their capacity to promote health through schools. The RAAPP induces methods, instruments and professional development activities to prepare in-country teams to collect their own data and engage in a customized action planning process. The goal of the RAAPP is to strengthen country's capacity to support national, provincial, and local school health programmes.

Youth Tobacco-Rapid Assessment and Response Guide (YT-RAR) describes how to assess and respond to tobacco use among young people, in order to develop effective tobacco control interventions. The guide is used in conjunction with the WHO Rapid Assessment and Response Guide (TG-RAP). This version of the guide is for field-testing

The 1990s was the decade of Education for All (EFA). The World Declaration on Education for All (Jomtien 1990) envisioned that, "Every person - child, youth and adult shall be able to benefit from educational opportunities designed to meet their basic learning needs" The global community met again in Dakar, April 2000, to assess progress of the EFA decade and to renew its commitment to Education for All by 2015. Strategies for meeting this goal are outlined in the DAKAR framework for Action: Education for All, Meeting our collective commitments, and include the creation of safe, healthy, inclusive and equitably resourced educational environments conducive to excellence in learning. Specifically, the Dakar Framework calls for policies and codes of conduct that enhance the physical, social and emotional health of teachers and learners, WHO, UNICEF, UNESCO and the World Bank have agreed upon a core group of cost effective components of a school health, hygiene and nutrition programme, which can form the basis for joint action. Working together for Focus Resources for Effective School Health (FRESH), the agencies call for the following four components to be made available in all schools:

- Health-related policies in schools that help to ensure a safe and secure physical environment and a positive psycho-social environment, and address all types of school violence, such as, the abuse of students, sexual harassment and bullying.
- Safe water and sanitation facilities as first steps in creating a healthy school environment.
- Skills-based health education that focuses on the development of knowledge, attitudes, values and life skills needed to make, and act on, the most appropriate and positive decisions concerning health.
- School-based health and nutrition services which are simple, safe and familiar, and address problems that are prevalent and recognized as important in the community.

16.5.2 National Agencies Working at School Level

Approaches and proceedings under the national level health and hygiene programmes can be categorized into three major agencies :

- i) Health department led approach
- ii) Education department led approach
- iii) NGO led approach

The School AIDS Education Programme (SAEP) is a key intervention that aims at providing preventive education to students in schools as no other institutional system reaches as many children as the school system. The health departments replicate the initiative of vaccination of contagious diseases and co-operate with schools in national drives of health and hygiene programmes.

16.6 METHODOLOGIES FOR IMPLEMENTING HEALTH AND HYGIENE PROGRAMMES IN SCHOOLS

To implement attentive skills-based health education in schools, teaching methods need to correspond to the content to be taught. A lecture, for instance, can be an effective way to increase students' knowledge, but there are other methods that are more efficient in forming skills, attitudes and beliefs. For instance, a classroom debate on gender stereotypes in which the teams change sides and thereby force themselves to think from different perspectives can influence formation of proper attitudes.

Some programmers and researchers found that testing students on reproductive health information encourages them to take the class more seriously (Consensus panel, 1977). Examples of participatory teaching and learning methods for skills building include:

- Class discussions
- Brainstorming
- Role plays
- Small group activities
- Education games and simulation
- Case studies
- Story telling
- Debates and Dialogues
- Audio and visual activities such as arts, music, theatre, dance
- Practising life skills specific to a particular context with others, with verbal feed back
- Visits or telephonic conversation, internet communication etc. to relevant health and social support programmers, such as family planning clinics
- Reading printed instructional reference material.

Check Your Progress

Notes : a) Use the space provided for your answer.

b) Compare your answer with those provided at the end of this unit.

3. List the various activities that should be undertaken in schools as a part of health and hygiene programme.

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16.7 INTEGRATING FAMILY LIFE, REPRODUCTIVE HEALTH AND POPULATION EDUCATION INTO VARIOUS COMPONENTS OF A HEALTH PROMOTING SCHOOL

Health services in schools should complement and be coordinated with health education and other components of a Health-Promoting School. Sometimes it may be possible for schools to link with clinics and health workers in the community.

As school health services as reviewed and new services proposed and developed, they should be planned and implemented as an integral part to the existing school health Programme and available to all students, as appropriate and relevant. Services that respond to reproductive health needs and related health issues are likely to be most effective when integrated and coordinated with other school health and support services. Training should sensitize the trainees for promoting family life, reproductive health, and population education and the concept of a health-promoting school. In addition, training may include techniques to monitor performance and evaluate learning experiences and interventions.

Materials for training of teachers and others may be available through governmental and non-governmental organizations and UN agencies, such as WHO Regional Offices. UNESCO, UNICEF, UNAIDS, and UNFPA, universities for teachers associations and unions. Schools can also generate supplemental training and learning material specific to the local situation within the country, community, or district. Guidelines are needed for the creative training of incumbent as well as future teachers.

16.8 MONITORING AND EVALUATION OF THE IMPLEMENTING PROCESS

This section provides tools and guidance that can be used to assess and monitor factors associated with the development of school health programmes, behaviours associated with health among students and school personnel and policies and practices that influence the health of students. Evaluation of the outcome is necessary to answer such questions as follows:

- Are the activities accomplishing what we expected? To what extent did the programme achieve increase in student's knowledge, attitudes and skills related to family life, reproductive health, and population issues?
- Which specific interventions or components of our efforts work best? With whom? Under what circumstances?
- Are Programme planners and participants satisfied with the outcomes?
- What components did not work? What went wrong?
- Where should be place more of our efforts in the future?

- What can be improved?

Where resources such as time, personnel and budget for evaluation may be scarce, it may be sufficient and more feasible to conduct a process rather than an outcome evaluation. Very often, programmers rush to study their impact on youth without fully understanding whether or how well implementation of the interventions occurred.

To conduct an evaluation, it is necessary to have the following:

- A good understanding of Interventions, including goals and objectives.
- A commitment to learning more about the strengths and weaknesses of the efforts and to improving their delivery.
- At least one person who is willing to be responsible for the evaluation and who may receive some training in design and analysis of an evaluation.
- Preferably, a trained researcher or social scientist as consultant, e.g., from the department of health or education or a local college or university, who has relevant experience and can help, lay out baseline analysis and outcome evaluation.

From the information gathered, you could develop an action plan. Identify the activities needed to achieve each objective, who will take responsibility for the completion of the activity, when the activity will be completed, what resources will be required, and how effectiveness will be measured. Action plans and strategies with the objectives can be enlisted in following manner:

OBJECTIVES	STRATEGIES	ACTIVITIES
I. Those responsible for creating and changing school policies will establish a policy for the school to address family life, reproductive health and population issues in the curriculum.	<i>Supportive School Policies</i> Skills-based Health Education (e.g., skill training, participatory learning, peer education)	I. (a) At a meeting, present arguments to convince policymakers of the importance and effectiveness of family life, reproductive health, and population education.
II. Locate or develop age appropriate reproductive health curricula for each grade.	<i>Healthy School Environment</i> (e.g., physical environment, psychological environment)	I. (b) Draft sample supportive school policy.
III. Train teachers to implement family life, reproductive health, and population education.	<i>School Health Services</i> (e.g., screening, diagnosis, referral availability of contraceptives)	II. Contact local regional and international agencies to identify effective skills-based health education curricula that addresses family life, reproductive health, and population education.
	<i>Co-operation with Communities and Families</i> (e.g., parent education, reaching out-of-school youth, involving mass media)	
	<i>Mental Health Promotion</i> <i>Counselling and Social Support</i> <i>Physical Exercise</i> <i>Recreation</i> <i>and Extra-Curricular Activities</i>	III (a) Identify suitable trainers of teachers, with the help of local regional and international agencies. III (b) Identify funding source(s).

Nutrition
(e.g., micro-nutrient
supplementation, school
feeding,
nutritious school meals)
*Health Promotion for
School Staff and others.*

III (e) Develop training
schedule and arrange
logistics.

III (d) Concept participa-
tory teacher training.

16.9 LET US SUM UP

A healthy, safe and caring human environment at school, closely linked with ensuring the rights of the child is an essential component of a school. In this unit we have discussed the need for health and hygiene programme in schools. Most schools can take steps to improve health and hygiene through their physical environment, safety and food provision that can be addressed by cleaning up the surroundings and implying the health and hygiene policies under the national and international agencies. You have come across the description of the proceedings of health and hygiene programmes at national and global level. You have studied the methodologies and strategies for implementing these programmes in schools. The monitoring and evaluation of the implementing process and related action plans also have been described and elaborated.

16.10 UNIT-END EXERCISES

1. What is the need of health and hygiene programmes in schools?
2. What are the main objectives of school health education programme?
3. Describe the scope of health and hygiene programmes in schools.
4. Suggest and elaborate some methodologies that you feel can be the sky components in promotion of health and hygiene programme in schools.
5. How will you monitor the implementation of health and hygiene programmes in your school? Make an action plan and steps for evaluating it.

16.11 SUGGESTED READINGS

Anderson, C.R. (1967): *Your Guide to Health*, Poona and Oriental Watchmen Publishing House.

Davies. M.B. (1972): *Hygiene & Health Education for College Students*, Longmen Green and W.C. Brown.

The Programme of Action, NPE- 1986, Ministry of HRD, Govt of India: New Delhi.

WHO - *Information Series on School Health*, Document-8.

16.12 ANSWERS TO CHECK YOUR PROGRESS

**Health and Hygiene
Programmes in Schools**

1.
 - i) Promotion of Health among students
 - ii) Protection of health
 - iii) Prevention of diseases
2.
 - i) Pupil awareness and participation programmes
 - ii) Nutrition and Food Programmes
 - iii) Promotion of physical exercise, sport, recreation and extra curricular activities
3. Class discussion, role plays, small group activities brainstorming and debates etc. should be carried out as a part of health and hygiene programme in schools.

UNIT 17 DEALING WITH SITUATION OF CO-EDUCATION IN SCHOOLS

Structure

- 17.1 Introduction
- 17.2 Objectives
- 17.3 Concept of Co-education.
- 17.4 Current Concerns in Co-educational Schools
 - 17.4.1 Causes Leading to the Current Concerns
- 17.5 Strategies to Address the Concerns
- 17.6 Let Us Sum Up
- 17.7 Unit-end Exercises
- 17.8 Suggested Readings
- 17.9 Answers to Check Your Progress

17.1 INTRODUCTION

In the previous unit you have read about the health and hygiene programmes in schools. In this unit we shall deal with some of the issues that are matters of concern in co-educational schools. We know that today co-education schools, wherein children of both the sexes study together in the same institutions, classes and schools are quite common in many of the countries. Growing up together in common learning situations and other school activities may develop positive understanding and human relations between boys and girls - as classfellows and companions, as members of a group exposed to same atmosphere and life. Co-education can be an effective preparation and development of personality and attitudes for quality adult and family life. It also results in removing gender disparities. However, today with an increasing number of individuals, especially the youth succumbing to life-style disorders that could lead to serious problems like AIDS, there are reasons for concerns in institutions that bring together young boys and girls in close proximity. We know that the children of both the sexes studying together should not be a cause for alarm but there are several factors today that are generating causes for concern in co-educational schools. Some of these factors are the influence of media, especially, films, televisions, etc., the impact of different cultures on the youth, brought about by globalisation, general erosion of values in the society, liberal ideas about sex relation etc.

In this unit we shall discuss briefly, first the concept of co-education, then some of the disturbing trends in schools, reasons for such trends and finally the strategy that can be adopted by the teachers in addressing these issues.

17.2 OBJECTIVES

Following a study of this unit, you should be able to:

- understand the importance and advantages of co-ed schools in the modern societies;

- know about the disturbing trends in co-ed schools;
- comprehend the causes of the disturbing trends;
- get equipped to address the matters of concern in co-ed schools.

17.3 CONCEPT OF CO-EDUCATION

According to Wikipedia, co-education is a system wherein education of both the sexes is integrated within the same educational institution (co-ed is a shortened adjectival form of co-educational). Earlier, many institutions of higher education restricted their enrolment to a single sex but today, although there are still such institutions, yet there is trend towards co-ed ones. After women's education gained importance and society became more liberal, the process of co-education in higher education started taking root in the later part of the nineteenth century. On visiting the website <http://beatl.barnard.columbia.edu/learn/documents/coeducation/html>, you will find that co-education became popular as a fallout of the women's rights movement, whereby the activists emphasized that co-education is a precondition for bringing out women from their secluded spheres and ensuring their equal status with men. This was also felt to be necessary for addressing the apprehension that education provided in women's educational institutions could be inferior to that, at men's institutions.

In India the earlier schools and colleges were mostly single sex institutions as people were averse to the idea of young of both the sexes studying together but later on with the realization of the importance of quality education of women, society becoming more liberal, co-education was accepted and such institutions grew in number.

Need for co-education The concept of co-ed appealed to the leaders of the early feminist movement not only because it would ensure academic parity but also because it was felt that schools should be like a miniature modern society where men and women live and work together. During schooling itself children should be prepared for their future role in a society where men and women would co-operate and work together without segregation. Besides, it was also felt that segregation of young men and women could lead to unnatural curiosity resulting in an undue preoccupation with the other sex and would prevent the youth from getting used to the presence of the members of the other sex. In contrast to this co-ed could provide a more natural and healthy environment and the youth would not face problems in adjusting with the members of the other sex later on. Co-education thus, is considered to be more liberating and important for sexual well being of the youth.

Apart from it, there are also other reasons such as, co-education is favoured by the educational administrators and planners owing to financial reasons and parity in standards of education. In rural areas, with numbers being small, separate schools for boys and girls mean more resources, which can be saved and better used in co-ed schools. As it is mostly both urban and rural primary schools are coeducational. Yet another factor is the paucity of female teachers (<http://education.nic.in/cd50years/3NEP/3NEP0501.htm>). These are some of the reasons that in India some of the best schooling systems run by the government are co-ed.

17.4 CURRENT CONCERNS IN CO-EDUCATIONAL SCHOOLS

We have discussed the need and advantages of coed schools in the modern society. However, today the modern society is quite different in several ways from that in the past and there are several causes for concern for the adolescents and the youth. With the spread of AIDS at an alarming rate among the youth of even the societies that were considered to be traditional and closed, gives reason for concern about the behavioural patterns of the youth and especially the adolescents who are vulnerable to experiment in an undesirable manner with things like sex, drugs, alcohol, etc. Schools are miniature societies and hence, the malaises of the societies are reflected in the school environment too. Social problems such as lack of restraint in sexual matters flow all the more into those schools that are co-educational, as they bring together adolescents of both the sexes. Therefore, teachers need to be aware of these issues and also the causes for such concerns and equip themselves with the know-how to deal with them in an effective manner. We shall first discuss the concerns and then their causes. Thereafter, we shall discuss the strategies that can be adopted by the teachers to overcome them. Some of the major concerns in the today's co-ed schools are the following:

Dating - On campus and off campus dating is becoming common even among the students of upper primary classes of cities and even small towns. Off campus dating during school hours leads to missing out schools, while on campus dating distracts others and sets bad examples. This is because in India and many other countries dating at a young age is still not acceptable. Adolescents can be impulsive and eager to experiment with new things and indulging in sexual activities can be risky as irresponsible sexual habits due to ignorance could lead to sexually transmitted diseases and especially AIDS and also pregnancies in young girls.

Sexual harassment of girls - Boys may resort to sexual harassment of girls by indulging in various types of activities such as passing lurid comments, attempts to physically violate the dignity of girls, sending them offensive mails, and harassing them in other ways.

Gender insensitivity - This is especially observed in the boys towards the girls because of the socio-cultural effect on them from their childhood. Considering women as inferior to men can be exhibited in several ways, such as ridiculing them, expecting them only to perform certain activities such as cleaning the classroom or the work place and through other ways that are disrespectful to female students.

Misuse of technology - Technological gadgets are at times put to wrong use such as using the Internet to send offensive mails and pictures to girls, creating belts with offensive items or uploading them on blogs created by others, exchange of offensive files through i-pods, visiting certain distasteful web sites, using cell phones to send unwanted messages and shoot pictures, etc.

Being distracted from studies - Adolescents in co-ed schools in their attempts to impress the members of the other sex and gain popularity can get engaged in making fashion statements through their dress, flaunting expensive technological gadgets and other possessions and thus get distracted from serious studies.

Inhibition of girls in the presence of boys - Due to the cultural patterns and

upbringing, girls often fail to shed their inhibitions and remain subdued in co-ed schools and especially may be intimidated by the presence of male teachers. There are studies to support this. Boys grab attention of teachers more while many girls remain invisible. There are also studies that many girls of co-ed schools suffer from low self-esteem as compared to those of exclusive girls' schools.

17.4.1 Causes Leading to the Current Concerns

Now let us discuss some of the major causes from which emanate behavioural problems of the adolescents in the co-ed schools of modern societies.

Vulnerability of adolescents: Adolescents are more vulnerable to perform certain activities. They exhibit heightened emotionality and also may suffer from emotional instability. Hormonal changes lead to new feelings and physical changes that make them desire the company and attention of the members of other sex. They are greatly influenced by their peers and there is also a search for identity and the need for independence, which could make them rebel against the norms and practices of the society (Chauhan, 1997). Adolescents today try to experiment with addictive substances and indulge in sexual activities because of hormonal changes leading to heightened sexual desires coupled with thirst for the forbidden. Therefore, in schools with classes above the lower primary, the teacher has to understand the traits characterizing adolescents and their problems in order to address these issues.

Influence of media : There are several cross sectional as well as longitudinal studies to indicate that exposure to violence, aggression and other such negative experiences through media can have adverse impact on young people. Even criminal behaviours like rape, abuse of spouse, homicides, etc, have been linked to continuous exposure to such acts through the media during childhood (<http://www.psychologicalscience.org/pdf/pspi/pspi43.pdf> search). There are researches that support the general idea that impact of violent television programmes, films, video games, and even certain types of music enhance aggressiveness in the young people and have a negative impact on their personality. Exposure to unhealthy content can also enhance sexual urges.

The media is playing an important role today in shaping the youth culture. Incidents of campus violence as well as romance, dating from an early age, trying out addictive substances such as tobacco and alcohol are to a great extent behaviours that are the emulations of those dished out and even glamorized by the media. This is the reason why smoking is being banned in TV and films in India. The teacher has to influence the learners to be selective about the programmes they watch and this can be done by developing aesthetic sense and morality in them so that they can utilize the potential of media for the right causes.

Role of technology: Today technology is accessible to a wide section of the population and most of the young learners of even developing countries have an access to it. The youth have an edge over the other age groups in adapting to new technologies and extracting their full benefit for various purposes (<http://www.un.org/esa/socdev/unyin/wpayinformation.htm>). While technological devices have several utilities, including that for learning, yet they are also liable to be misused and in such cases can have adverse impact on individuals. Uncensored television programmes, easily available videos with unhealthy content, adult films, websites that are harmful for young minds are easily made available through technology. Not only is access to unhealthy experiences made easier, but also, the individuals themselves are today in a position to create unhealthy content. For instance, cell phone with a camera was

used in the recent past by a boy of a reputed school of Delhi to capture distasteful pictures of a girl. Today there are many children who are getting addicted to video games and there have been several incidences when excessive playing of video games led to serious consequences. The teacher has to ensure that the potential of technology is utilized by learners for constructive purposes. Monitoring of websites watched by the children and the programmes they watch is necessary and for this the parents also have to be alert, careful and guide them winning their confidence.

Easy access to forbidden items: Today it is much easier for the adolescents to procure things that are not meant for their age group. As discussed earlier, technology facilitates access to films, videos, websites, etc, not meant for them. Similarly magazines and books that could have an unhealthy impact on the adolescents are easily available in the market. Also drugs, cigarettes, and even liquor are not very hard to purchase. The rising incidence of drug addiction, substance abuse at parties, consumption of liquor by school going children are a testimony to it. Incidence of children smoking in school campus are not uncommon. Laws and law enforcing agencies are cleverly dodged as the adolescents procure such things. This reveals the limited utility of laws and policing in checking such procurement. Rather it is through the right type of education, that youth should be able to decide for themselves what has to be avoided.

General erosion of values: In the society today there is a general erosion of values and adults themselves often cease to be role models for the children. There are studies indicating that habits like smoking and drinking are more due to the influence of the adult members of the families than of peers. Licentious behaviours by adults influence children and they could emulate it at schools. Reliance on traditional norms that help us in differentiating between the good and evil is diminishing today in the technology driven world. Earlier extra marital sex and sex before marriage were considered as evil but today the taboo associated with such behaviour is diminishing as technology helps to prevent at least the physical damage that could be the fallout of such behaviours. Teachers should help children to learn that importance of values of abstinence and sublimation remain as much as it was earlier for personal and social well being

Increasing loneliness of children: This is another factor that is worth mentioning. With the breaking up of joint families and parents getting busier, children are left to themselves. With waning warmth and support of elders, children seek the company of peers and also find technology as surrogate friends to overcome loneliness.

Impact of Globalisation: One of the consequences of globalisation is that there is homogenization of cultures. Influence of certain more permissive cultures on the so far traditional societies is changing them. For instance, the view that dating from an early age is an innocuous practice is influencing the adolescents and incidences in co-ed schools with young boys and girls getting emotionally and physically close are now common in India, fortunately in most cases, in a normal friendly manner.

Materialistic outlook: Today the simplicity of life is diminishing and it is being replaced with craving for materialism and consumerism. The children of the middle and affluent classes today have more money to spend than those of the past. Unmonitored spending by children could make them purchase things harmful to them. Today people, especially the youth crave for a luxurious life-style replete with expensive items. Purchasing power is considered to be an indicator of status and therefore, shortcuts to success are also adopted (<http://www.thriftymommy.com/materialistic->

outlook-for-our-generation-is-poor/). Adolescents are also getting ensnared into this trend and are indulging in activities that fulfil such material and sensual needs.

Check Your Progress

Notes : a) Use the space provided for your answer.

b) Compare your answers with those provided at the end of this unit.

1. Express your views regarding the need and advantages of co-ed schools.

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2. Explain the misuse of technology by adolescents with illustrations.

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17.5 STRATEGIES TO ADDRESS THE CONCERNS

Now that you are aware of the disturbing trends in co-ed schools and their probable causes, you would like to know how to address these problems. It is important to note that attempts to address these concerns in isolation and trying to curb them through punishments would not be effective in the long run as this will only make the students careful not to get caught. Therefore, a holistic approach is needed to build the personality of adolescents through a multi pronged approach that involves several aspects. Some of the measures that would comprise the strategy are discussed below:

Instructional strategies: Sex education is necessary, for which following an integrated and interdisciplinary approach is important. It has to be integrated with other areas like economics, sociology, physiology, which again have to be taught in the perspective of topics like reproduction, conception, pregnancy, health, hygiene, sexually transmitted disease, their impact on the individual, family and society, etc. Also, curricular and co curricular activities have to be combined to get the desired results. Hence, apart from lectures and discussions, activities such as debates, quizzes, role-plays, group discussions, collecting information, processing and presenting it, making case studies, conducting surveys, etc, could be some of the activities to be undertaken at schools.

Health and hygiene programmes: You have read about this in the previous unit and you know that health and hygiene programmes are necessary to help the students in valuing the need for good health and the necessity to maintain hygiene. Apart from ensuring that the learners have physical exercise, stay clean in their habits, it is also to be seen that they eat healthy food, get enough rest and above all remain stress free. Therefore, opportunities for physical activities should be there in the school timetable. Activities that are relaxing such as yoga, meditation, music, pursuing hobbies, etc., are to be encouraged in schools.

Providing counselling services: Counselling services for not only academic and vocational matters but also for personal needs are important in co-ed schools. Let us go through the following two case studies in this regard.

Case Study 1

A girl student of the tenth grade is infatuated with boy of grade twelfth of the same school, to such an extent that she cannot say 'no' to his demands for physical closeness. Her feelings of guilt affect her concentration required for her preparation for her forthcoming board examination. She is also apprehensive that her parents would come to know about it. She is therefore stressed and seeks help from the counsellor at her school.

The counsellor tries to make the girl realize the importance of her performance at the board examination, her duties towards her self, school and family, her dignity as a person and self-respect and above all the serious consequences of physical closeness with any boy. She is advised to wait till she reaches the right age and also till she has a career that would make her independent.

Case Study 2

K, a student of eleventh grade once went to a party organized by his classmates where they had arranged addictive things like liquor, tobacco and drugs. Some of the boys and girls of his class were also getting physically intimate. He was told that everything needs to be tried at least once and that trying once would not make him dependent on it. He fled from the party but were being teased by his friends as a coward. The courage and carefree ways of his classmates were too appealing for him to resist and he was getting tempted to attend such a party but was scared that his parents would be angry. He was in a dilemma and sought the help of his teacher.

The teacher counselled K and made him understand that more than his parent's sake, for his own sake he should remain steadfast with his resolve and not try even cigarettes once. The risk of becoming an addict and its fall out was also explained to him and he was convinced that the determination to say 'no' would make him a courageous person, while succumbing to peer pressure would be cowardice.

We thus see that counselling services and teacher guidance are important in all schools and more so co-ed schools.

Necessity to provide information: The students should have access to adequate and correct information on different issues such as substance abuse, its initiation, consequences of sex at a young age, transmission and prevention of sexually transmitted diseases (STDs) and especially AIDS, counselling centers, treatment, diagnostic centres for STDs and AIDS, etc. Through teachers and technology like telephonic services, touch screen monitors, etc.

Developing gender sensitivity: While sex is a biologically determined identity of a person as male or female, gender connotes the same but is a socio-cultural identity of the person. Discriminatory practices exist in almost all societies against women and their being subjected to violence and mental torture is a world wide phenomenon. It is a crime against humanity and for a healthy and progressive society it is necessary to treat both the sexes at par and this calls for gender sensitivity, which is the precondition for gender equality. Students should develop gender sensitivity and

respect the members of the other sex and treat them with dignity. All measures should be taken to remove gender discrimination and gender disparity. For this the teachers themselves should not promote the members of one sex at the cost of others and should not stereotype roles for the different sexes. Let us study the following example in this respect.

Example

Teachers and the principal of a school of a metropolis ask girls to present flowers to eminent visitors, and ask them to prepare rangolis (decorations on the floor with flowers, colorful powders, etc.), decorate the classrooms, serve food, while the boys are asked to take care of the sound amplifiers, projectors and other technical things, manage funds, maintain discipline, procure goods from the market etc.

This reveals the covert gender bias of the teachers themselves. They need to treat both the sexes equally by avoiding such segregation of tasks and make the learners feel comfortable with their selves and sexualities in a natural manner.

Development of life skills: As mentioned earlier, it is important that at schools the total personality of the learners is developed through certain specially designed activities in addition to the instructional process. Hence, as mentioned by Thomas (2006), life skill education is necessary in schools to promote the quality of life. The concept of life skill education and activities that can be undertaken in this regard have been discussed in detail in the units of Block-2 of this course.

Check Your Progress

Notes : a) Use the space provided for your answer.

b) Compare your answers with those provided at the end of this unit.

3. Express your views regarding the need for counselling services in all schools and more in co-ed schools.

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4. Explain any one instructional strategy to internalize information.

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5. As a teacher how can you develop gender sensitivity in the adolescents?

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17.6 LET US SUM UP

In this unit, we have discussed the evolution of co-educational institutions of learning from those that enrolled learners of only one sex. The demands of the modern society justify co-ed schools on several grounds. It has been felt that normal sexual development would be facilitated by a school system that does not segregate boys and girls but allows them to grow up together. Moreover, the future necessity of men and women to work together without facing problems of adjustment is also fulfilled by such schooling. Besides, there are also financial reasons that necessitate co-ed schools apart from the necessity to provide girls as well as boys with the educational opportunities and experiences of the same standards. The dearth of female teachers in certain disciplines is also a reason to have co-ed schools.

The society is today quite different in several aspects from that of the past. Young people are shedding their inhibitions in becoming close with the members of the other sex and at the same time exhibit blatant gender insensitivity. Harassing girls at schools, (popularly called eve teasing) through technology and other means is now a pastime for many boys. Girls are often intimidated by the presence of dominating boys. Such disturbing trends are the outcome of a number of factors like the influence of media, role of technology in facilitating access to immoral things, impact of globalisation with influence of certain more permissive cultures on youth, easy availability of addictive substances, materialistic outlook, etc, that are changing the behavioural patterns and the value system of today's youth. These causes lead to the adolescents exhibiting behaviours in the schools that make the environment of co-ed schools unhealthy. Diseases like AIDS could be spread through some of these behaviours exhibited in these schools. While it is advantageous for girls and boys to study together but at the same time care has to be taken by the school authority and especially the teachers to mould the behaviour of the learners in a positive manner so that they refrain from irresponsible behaviours.

This requires a multi pronged approach. Instructions have to be provided in an integrated manner and co-curricular activities are also important to promote the understanding of human physiology. Counselling services and providing information to make the learners aware of the consequences of unprotected sex and substance abuse, health and hygiene programmes, etc., are necessary too. However, it is more important to ensure that the learners internalize them, which call for life-skill education so that the learners can take their decisions independently and wisely so as to lead a life of dignity, and self-respect.

17.7 UNIT-END EXERCISES

1. In your view what could be the disadvantages of co-ed schools over single sex schools?
2. The western concept of dating is becoming popular in India too. According to you what should be the attitude of the teachers towards it?
3. Do you feel that the media is irresponsible to some extent for promoting teen-age promiscuity? Justify your answer with illustrations.

17.8 SUGGESTED READINGS

Chauhan, S.S. (1997): *Advanced Educational Psychology*, Vikas Publishing House Pvt. Ltd: New Delhi.

Thomas, G. (2006): *Life Skill Education and Curriculum*, Shipra Publications: Delhi.

Teacher Counselling. Adolescent Education in Schools. Life Skills Development, National Population Education Project. Department of Education in Social Science and Humanities: New Delhi.

Introduction to Family Life Education (2005): Block-1, Course-BSWE 004, IGNOU (Self Learning Material).

Adolescence Education: National Framework and State Action Plans (2005-06). MHRD, NACO and UNICEF.

YUVA, Handbook for Teachers (2005): Department of Education, Delhi State AIDS Control Society: Delhi.

Guidelines for the School AIDS Education Programme, Revised in Oct. 2004, IEC Division, NACO.

17.9 ANSWERS TO CHECK YOUR PROGRESS

1. Co-ed schools are necessary for healthy gender relationships. Establishment of co-ed, school is advantageous for financial reasons as resources required for establishment of separate schools can be used for development of co-ed schools which help to provide equal educational opportunities to both sexes.
2. Adolescents misuse technology by watching content not meant for children on television and internet as well as they may indulge in malpractices like sending offensive mails etc, to others.
3. Counselling services are needed to guide students on educational, vocational and personal problems.
4. Roleplay.
5. Boys and girls should not be assigned jobs according to their gender and they should be given opportunities to complete tasks co-operatively.